BLOOMFIELD MANOR NURSING HOME

3151 COUNTY ROAD CH

DODGEVI LLE Phone: (608) 935-3321 Ownership: 53533 County Operated from 1/1 To 12/31 Days of Operation: 366 Highest Level License: Skilled Operate in Conjunction with Hospital? No Operate in Conjunction with CBRF? No Number of Beds Set Up and Staffed (12/31/00): 92 Title 18 (Medicare) Certified? Yes Total Licensed Bed Capacity (12/31/00): 92 Average Daily Census: 75 Number of Residents on 12/31/00: 79

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/3	1/00)	Length of Stay (12/31/00)	%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	32. 9
Supp. Home Care-Personal Care	No					1 - 4 Years	39. 2
Supp. Home Care-Household Services	No	Developmental Disabilities	1.3	Under 65	2. 5	More Than 4 Years	27. 8
Day Services	No	Mental Illness (Org./Psy)	0.0	65 - 74	6. 3		
Respite Care	Yes	Mental Illness (Other)	43. 0	75 - 84	40. 5		100. 0
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0.0	85 - 94	45. 6	****************	******
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & 0ver	5. 1	Full-Time Equivalen	t
Congregate Meals	No	Cancer	0.0			Nursing Staff per 100 Re	si dents
Home Delivered Meals	No	Fractures	1.3		100.0	(12/31/00)	
Other Meals	No	Cardi ovascul ar	17. 7	65 & 0ver	97. 5		
Transportation	No	Cerebrovascul ar	8. 9			RNs	17. 5
Referral Service	No	Di abetes	5. 1	Sex	%	LPNs	2. 1
Other Services	No	Respi ratory	3.8			Nursing Assistants	
Provi de Day Programmi ng for		Other Medical Conditions	19. 0	Male	34. 2	Aides & Orderlies	49. 9
Mentally Ill	Yes			Female	65.8		
Provi de Day Programming for			100.0				
Developmentally Disabled	Yes				100. 0		
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Method of Reimbursement

		Medi	care		Medio	cai d											
		(Titl	e 18)		(Title	e 19)		0th	er	P	ri vate	Pay	1	Manage	d Care		Percent
			Per Die	em		Per Die	m		Per Die	em		Per Dien	n]	Per Diem	Total	Of All
Level of Care	No.	%	Rate	No	. %	Rate	No). %	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents
Int Chill I Com			00.00		4 7	0110 70			00.00		4.0	0107 00			00.00		0.00/
Int. Skilled Care	0	0. 0	\$0.00	2	4. 7	\$119.50	0	0. 0	\$0.00	1	4. 0	\$125.00	0	0. 0	\$0.00	3	3. 8%
Skilled Care	10	100. 0	\$115.00	33	76. 7	\$100.96	1	100.0	\$112.43	21	84. 0	\$115.00	0	0.0	\$0. 00	65	82. 3%
Intermediate				7	16. 3	\$82.42	0	0.0	\$0.00	2	8. 0	\$104.00	0	0.0	\$0.00	9	11. 4%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	1	4. 0	\$104.00	0	0.0	\$0.00	1	1.3%
Personal Care				0	0. 0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care				0	0. 0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0. 0%
Dev. Di sabl ed				1	2. 3	\$107. 14	0	0.0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	1	1. 3%
Traumatic Brain In	j. 0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0. 0%
Ventilator-Depende	nt 0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Total	10	100. 0		43	100. 0		1	100. 0		25	100.0		0	0. 0		79	100.0%

BLOOMFIELD MANOR NURSING HOME

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Admissions, Discharges, and		Percent Distribution	n of Residents'	Condi t	i ons, Servi ces,	and Activities as of 12/3	31/00
Deaths During Reporting Period							
		I			% Needi ng		Total
Percent Admissions from:		Activities of	%	As	sistance of	% Totally	Number of
Private Home/No Home Health	18. 5	Daily Living (ADL)	Independent	0ne	Or Two Staff	Dependent	Resi dents
Private Home/With Home Health	0.0	Bathi ng	0. 0		40. 5	59. 5	79
Other Nursing Homes	1. 2	Dressi ng	8. 9		36. 7	54. 4	79
Acute Care Hospitals	76. 5	Transferri ng	16. 5		38. 0	45. 6	79
Psych. HospMR/DD Facilities	0.0	Toilet Use	7. 6		36. 7	55. 7	79
Rehabilitation Hospitals	0.0	Eati ng	45. 6		25. 3	29. 1	79
Other Locations	3. 7	************	**********	******	******	********	******
Total Number of Admissions	81	Continence		%	Special Treatm	ents	%
Percent Discharges To:		Indwelling Or Extern	nal Catheter	6. 3	Receiving Re	spi ratory Care	6. 3
Private Home/No Home Health	37.8	0cc/Freq. Incontiner	nt of Bladder	53. 2	Receiving Tr	acheostomy Care	1. 3
Private Home/With Home Health	0.0	0cc/Freq. Incontiner	nt of Bowel	32.9	Recei vi ng Su	cti oni ng	0. 0
Other Nursing Homes	2. 4	I			Receiving 0s	tomy Care	2. 5
Acute Care Hospitals	11.0	Mobility			Recei vi ng Tu	be Feeding	3. 8
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	2. 5	Receiving Me	chanically Altered Diets	53. 2
Rehabilitation Hospitals	0.0	1					
Other Locations	3. 7	Skin Care			Other Resident	Characteri sti cs	
Deaths	45. 1	With Pressure Sores		3.8	Have Advance	Directives	77. 2
Total Number of Discharges		With Rashes		0.0	Medications		
(Including Deaths)	82	İ			Receiving Ps	ychoactive Drugs	68. 4
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	Ownershi p:		ershi p:	Bed	Si ze:	Li c	ensure:		
	Thi s	Gov	ernment	50-	- 99	Ski l	lled	Al l	
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci l	ities
	%	%	Ratio	%	Ratio	%	Rati o	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	81. 5	87. 0	0. 94	85. 4	0. 95	84. 1	0. 97	84. 5	0. 96
Current Residents from In-County	73. 4	75.8	0. 97	72.9	1.01	76. 2	0.96	77. 5	0.95
Admissions from In-County, Still Residing	24. 7	28. 9	0. 85	21.3	1. 16	22. 2	1. 11	21.5	1. 15
Admissions/Average Daily Census	108. 0	81. 9	1. 32	101.3	1.07	112. 3	0.96	124. 3	0.87
Discharges/Average Daily Census	109. 3	83. 2	1. 31	101.3	1. 08	112. 8	0. 97	126. 1	0.87
Discharges To Private Residence/Average Daily Census	41. 3	32. 1	1. 29	37. 6	1. 10	44. 1	0.94	49. 9	0.83
Residents Receiving Skilled Care	86. 1	88. 8	0.97	89. 6	0. 96	89. 6	0.96	83. 3	1.03
Residents Aged 65 and Older	97. 5	89. 7	1.09	93. 4	1.04	94. 3	1.03	87. 7	1. 11
Title 19 (Medicaid) Funded Residents	54. 4	69. 4	0. 78	69. 0	0. 79	70. 1	0. 78	69. 0	0. 79
Private Pay Funded Residents	31. 6	20. 1	1. 58	23. 2	1. 36	21. 4	1.48	22.6	1.40
Developmentally Disabled Residents	1. 3	0.8	1.67	0. 9	1. 35	0. 9	1. 38	7. 6	0. 17
Mentally Ill Residents	43. 0	47. 5	0.91	41.5	1.04	39. 6	1.09	33. 3	1. 29
General Medical Service Residents	19. 0	15. 2	1. 25	15. 4	1. 24	17. 0	1. 12	18. 4	1.03
Impaired ADL (Mean)	66. 8	50. 7	1. 32	47.7	1.40	48. 2	1. 39	49. 4	1.35
Psychological Problems	68. 4	58 . 0	1. 18	51.3	1. 33	50. 8	1. 34	50. 1	1. 36
Nursing Care Required (Mean)	8. 9	6. 9	1. 28	6. 9	1. 28	6. 7	1. 32	7. 2	1. 24